

**EASTERN SPECIAL RISK**  
**INSURANCE AGENCY**  
 P.O. BOX 218  
 HARVARD, MASSACHUSETTS 01451  
 PHONE (978) 456-8200  
 WATS (800) 341-1110  
 FAX (978) 456-3245  
 CA License #0619313  
 specrisk@charter.net

Broker \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ Surplus lines licensee?  Yes  No If yes,  
 \_\_\_\_\_ indicate State, License No. and Expiration Date  
 Phone \_\_\_\_\_  
 FAX \_\_\_\_\_ E-Mail \_\_\_\_\_

Application for a Premium Quotation (without obligation)  
**INSURANCE INSPECTION SERVICE PROFESSIONAL LIABILITY**  
**(ERRORS & OMISSIONS)**

*This is an application for a claims-made form with a limit of liability which includes damages and claim expense.*

- Applicant \_\_\_\_\_ Phone ( ) \_\_\_\_\_ FAX ( ) \_\_\_\_\_  
 E Mail \_\_\_\_\_ Web Site \_\_\_\_\_
- Mailing Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- Physical Location(s): *(Include the addresses of all offices.)*  
 \_\_\_\_\_  
 \_\_\_\_\_
- Entity is  Individual  Partnership  Corporation  Other \_\_\_\_\_ Date Business was established \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Is the firm licensed?  Yes  No If yes, furnish details of the license, when it was first issued, and in what states? \_\_\_\_\_
- Indicate the name and experience of all Principals and/or Partners:  

<u>Name</u>	<u>Professional Speciality</u>	<u>Years of Experience</u>
_____	_____	_____
_____	_____	_____
- Number of **employed** staff (operatives should include principals if active): Principals \_\_\_\_\_ Operatives (FT) \_\_\_\_\_ (PT) \_\_\_\_\_  
 Clerical (FT) \_\_\_\_\_ (PT) \_\_\_\_\_ (Full time is 20 hours or more). Are subcontractors used?  Yes  No If yes, are certificates of insurance obtained from subcontractors?  Yes  No Is coverage desired for subcontractors?  Yes  No If yes, provide a list of subcontractors to be covered, a brief resume of their experience including loss history.
- Type of inspection performed and percentage of Gross Receipts derived from each (Total should equal 100%)  
 Homeowners/Fire Insurance \_\_\_\_\_ % Safety Consulting \_\_\_\_\_ % Termite or Pest \_\_\_\_\_ %  
 General Risk Management Services \_\_\_\_\_ % Equipment (e.g., Boilers and Machinery) \_\_\_\_\_ % Fire Protection Systems \_\_\_\_\_ %  
 General Liability \_\_\_\_\_ % Statutory Compliance Consulting \_\_\_\_\_ % Industrial Hygiene \_\_\_\_\_ %  
 Pollution Hazardous Waste or Cleanup Studies \_\_\_\_\_ % Pre Blast Inspection \_\_\_\_\_ % Home Inspection \_\_\_\_\_ %  
 Other (describe in detail) \_\_\_\_\_
- Indicate on behalf of whom these services are performed:  
 Insurance Companies \_\_\_\_\_ % Self Insureds other than Public Entities \_\_\_\_\_ % Public Entities \_\_\_\_\_ % Homeowners \_\_\_\_\_ %  
 Other (specify) \_\_\_\_\_
- For other than homeowners inspections, identify clients and the average and largest single values of property inspected in the last 12 months. \_\_\_\_\_  
 Other (Describe in Detail) \_\_\_\_\_
- Does the applicant review building plans or specifications?  Yes  No If yes, furnish full details on a separate sheet.
- Gross Receipts estimated for new policy year: \$ \_\_\_\_\_ Number of inspections anticipated \_\_\_\_\_  
 Gross Receipts preceding 2 years/Number of Inspections: Yr \_\_\_\_\_ \$ \_\_\_\_\_ / \_\_\_\_\_ Yr \_\_\_\_\_ \$ \_\_\_\_\_ / \_\_\_\_\_
- During the past five years has the name of the applicant been changed or has any other business been purchased, merged or consolidated with the applicant, or is the applicant affiliated in any way with another firm?  Yes  No If yes, furnish full details on a separate sheet.
- Is the applicant providing services other than as described in question 8 above?  Yes  No If yes, describe \_\_\_\_\_  
 \_\_\_\_\_
- Are Hold Harmless Agreements obtained from any or all of your clients?  Yes  No If yes, please attach a statement which specifies which clients and what percentage of your business this represents.

16. Has the named applicant been insured previously?  Yes  No If yes, furnish full details for the past FIVE years. If this is a **renewal** application, disregard this question

Insurer	Policy No.	Limits of Liability	Deductible	Premium	Expiration (Mo/Day/Yr)	Claims-Made or Occurrence
19						
19						
19						
19						
19						

17. Does your current professional liability insurance include general liability?  Yes  No Do you wish to include that coverage?  Yes  No

18. Has any application for similar insurance on behalf of the applicant or any past or present owners, partners or officers, ever been cancelled, declined or refused renewal?  Yes  No If yes, furnish full details \_\_\_\_\_

19. Has any claim been made during the last TEN years against the applicant, any past or present owners, partners, officers, directors, employees, or subcontractors or any other organization for whom coverage is being requested?  Yes  No If yes, furnish full details, including date the claim was made, name of the claimant, value of the claim, whether the claim is settled or outstanding, amount of the settlement and brief details.

20. To the best of your knowledge, was any principal, employee or subcontractor ever convicted of a crime (traffic violations excepted) or plead nolo contendere; or been the subject of a disciplinary action by a professional board or other authority?  Yes  No If yes, provide full details \_\_\_\_\_

21. After inquiry is the applicant, any past or present owners, partners, officers, directors, employees or subcontractors or any other person or organization for whom coverage is requested aware of any circumstances, alleged errors or omissions or of any offenses which may result in a claim being made against them?  Yes  No If yes, attach a statement providing full details.

22. Does the applicant agree that this application is for a **CLAIMS-MADE** policy?  Yes  No Policy Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 If this is a **new account**, indicate your policy's retroactive date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (This is the inception of your first claims-made policy assuming you have been on uninterrupted claims-made coverage.)

23. Amount of coverage required:  \$100,000/\$300,000  \$300,000/\$600,000  \$500,000/\$1,000,000  \$1,000,000/\$1,000,000  \$1,000,000/\$3,000,000  
 Other \$ \_\_\_\_\_ Amount of deductible requested (per claim):  \$2,500  \$5,000  \$7,500  Other \$ \_\_\_\_\_

I/We do hereby declare that the above statements and particulars are in all respects true and are material to the issuance of insurance herein and that I/We have not omitted or suppressed or mis-stated any facts and I/We agree that this proposal form shall be the basis of the contract and shall be deemed a part of the policy as if annexed thereto. Applicant agrees to report any claim or incident of which he receives knowledge after the signing of this application as a condition precedent to effecting coverage.

Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Must be signed by an owner, partner or officer of the applicant. Completion of this form does not bind coverage or obligate the applicant; however, should the quotation be acceptable, the information given above will be the basis of the contract. Application must be currently signed (within 45 days) and dated to consider for quotation. The policy being applied for is limited to only those claims that are first made against the insured while the policy is in force and which occur after the inception of the contract, unless Prior Acts coverage is included.

**IMPORTANT: Attach a copy of your letterhead and a copy of your current policy's declaration page.**

In Arkansas, Colorado, Florida, Hawaii, Kentucky, Maine, Minnesota, New Jersey, New Mexico, New York, Ohio Oklahoma, Pennsylvania and Virginia, Notice concerning false or fraudulent statements must be attached.

## NOTICE REQUIRED BY CERTAIN STATES

**NOTICE TO ARKANSAS APPLICANTS:** "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

**NOTICE TO COLORADO APPLICANTS:** "IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES."

**NOTICE TO FLORIDA APPLICANTS:** "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE."

**NOTICE TO HAWAII APPLICANTS:** "FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH."

**NOTICE TO KENTUCKY APPLICANTS:** "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME."

**NOTICE TO MAINE AND VIRGINIA APPLICANTS:** "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS."

**NOTICE TO MINNESOTA APPLICANTS:** "A PERSON WHO SUBMITS AN APPLICATION OR FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME."

**NOTICE TO NEW JERSEY APPLICANTS:** "ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

**NOTICE TO NEW MEXICO APPLICANTS:** "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES."

**NOTICE TO NEW YORK APPLICANTS:** "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION."

**NOTICE TO OHIO APPLICANTS:** "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

**NOTICE TO OKLAHOMA APPLICANTS:** "WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE AN INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY."

**NOTICE TO PENNSYLVANIA APPLICANTS:** "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION OR CLAIM CONTAINING ANY FALSE INCOMPLETE OR MISLEADING INFORMATION SHALL UPON CONVICTION BE SUBJECT TO IMPRISONMENT FOR UP TO SEVEN YEARS AND PAYMENT OF A FINE OF UP TO \$15,000."

Signature: \_\_\_\_\_